

# Stanford University Respiratory Protection Program

## Voluntary Respirator Use Agreement

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations. NOTE: air filtering/ purifying respirators DO NOT supply oxygen. Do not use in situations where the oxygen levels are questionable or unknown.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.
5. Stop using the respirator & contact EH&S immediately if you experience any health-related concerns while using a respirator, or any other changes in your health status/ work place conditions which may interfere with your use of a respirator.

### Employee Information (Please print clearly)

Employee Name (Last, First)	Department/ Shop
Respirator Type: <input type="checkbox"/> Filtering facepiece (e.g.: N95, dust mask) <input type="checkbox"/> Other:	

**I have read and understood the information provided above regarding voluntary respirator use.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date